

HISTORIC RESOURCES COMMISSION OF ASHEVILLE & BUNCOMBE COUNTY APPLICATION FOR MINOR WORK CERTIFICATE OF APPROPRIATENESS

Date of Application			
Address of Property	<i></i>	PIN	
Zoning		Use	
Applicant Name			
Applicant Address_			
Telephone Number			
Property Owner	_yes no	If not, specify relationship to project	
Owner Name			
Detailed Project De	scription (desc	ribe project fully)	
Supporting material	s attached? _	yesno	
application.ApplicationsAsheville CComplete appropring r	s may be faxed ity Building or oplication cons naterials to add that will be rec		fice in Room 505, this form. and sufficient
Name		Date	